



I&RS Action Plan

Name: _____

Date: _____

Grade: _____

I&RS Continuum of Services

<u>Teacher Identification</u>		
Who?		
What?		
Why?		
Evidence?		
<u>Strategies implemented at Tier 1 and Tier 2</u>		
Who?		
What?		
<u>I&RS Intervention Cycle 1</u>		
<u>I&RS SMART Goals</u>		
<u>Intervention</u>	<u>Staff Member to Implement</u>	<u>How will this be measured?</u>
Parent Input:		

**Possible Outcomes; Carry over I&RS plan to the following school year; dismissal from I&RS if goals & objectives are met; referral to School and/or Community Resources; referral for pre-CST Referral Meeting*

Pre CST Referral Meeting

Who?

What?